Agenda--First Friday Forum
04/01/2011 9:00-11:00

9:00-9:10	**Introductions**
9:10-9:20	**Health Care Authority** Alyson Chase alyson.Chase@hca.wa.gov (360) 923-2765
9:20-9:35	**Columbia United Providers** Cindy Orth corth@cuphealth.com (360) 449-8867 **Highline Medical Services Organization (HMSO)**
9:35-9:50	**Molina Health Care** Anel Mercado-Sanjuan anel.mercado@molinaHealthCare.Com (425) 424-1100 ext. 147159 Giselle Zapata-Garcia Giselle.Zapata-Garcia@molinahealthcare.com (425) 424-1100 ext 144223
9:50-10:05	**Community Health Plan of Washington** Mallory Lisk mallory.lisk@chpw.org (206)515.7964 Marilyn Andrews marilyn.andrews@chpw.org
10:05-10:35	**DSHS Updates** Karin Kramer karin.kramer@dshs.wa.gov Dody McAlpine Dody.mcalpine@dshs.wa.gov Catherine Fisher (Spend Down Training) fishecl@dshs.wa.gov Truong Hoang hoangtv@dshs.wa.gov
10:35-10:45	**Northwest Health Law Advocates** Joan Altman joan@nohla.org
10:45-11:00	Announcements

Thank you Molina for the meeting space &   Thank you Community Health Plan for the Coffee!!!

COMMUNITY HEALTH PLAN of Washington™

MOLINA HEALTHCARE

COLUMBIA UNITED PROVIDERS

Who we are

Columbia United Providers ("CUP") is a community-based health plan licensed in the State of Washington. CUP has been providing access to quality health care services in Clark County since 1995, primarily for the State programs Healthy Options (Medicaid), Children's Health Insurance Program (CHIP) and Basic Health. CUP currently serves over 46,853 members in Clark County, and approximately 12,000 in King and Pierce counties for these programs.

Columbia United Providers expanded our service area to include King and Pierce counties beginning January 1, 2011. CUP is contracting with two well-established, high quality provider organizations to assist us in serving these members - *Highline Medical Services Organization* and *Northwest Physicians Network*. These provider organizations have been providing services to Healthy Options enrollees for several years and share common values with CUP: *We each believe that through strong relationships with providers we can help deliver high quality, cost effective health care for plan members.*

Our New Provider Organization Partners

Highline Medical Services Organization (HMSO):
HMSO is a physician-hospital organization, representing a network of primary care providers, specialists, and Highline Medical Center. HMSO is a comprehensive system of care that includes two healthcare campuses, a state-of-the-art cancer center, more than 30 clinics and over 225 providers throughout Southwest King County.

Northwest Physicians Network (NPN):
NPN is a community of private physician practices based in Pierce and South King counties. It is comprised of nearly 500 providers and is the largest association of independent physicians (IPA) in the Pacific Northwest. NPN is a recognized leader in chronic disease management and patient-centered care coordination.

CUP contracts with both of these provider organizations under a full risk contract and delegate all administrative responsibilities to these groups. HMSO and NPN are responsible for arranging and coordinating all covered services through their contracted provider networks, paying claims and authorizing treatment on behalf of CUP enrollees.

CUP has a strong interest and commitment in working with providers to deliver high quality, cost effective health care through a medical home model and to support our provider partners in serving our enrollees.

Our Mission
Promoting Wellness and Coordinating Access to Quality Health Care
Positive Customer Service Environment
Model Health Plan Delivery System
Plan for Growth & Profitability
Sustain an Environment of Excellence

Molina Healthcare of Washington
Maternity Support Program

The *Molina Healthcare Maternity Support Program* is staffed by nurses, social workers and paraprofessionals who help pregnant women work on concerns and barriers to good self-care that may affect their baby's health.

Our program provides:

- Basic pregnancy self-care management education
- Referrals to community resources and agencies for housing, food, transportation, child care, etc.
- Referrals to community agencies that provide information and assistance to pregnant women such as WIC and First Steps
- Resources to address issues causing stress or safety concerns
- Condition specific support
- Formal case management for high risk patients

We encourage early and consistent pre-natal care visits to promote a healthy pregnancy and positive birth outcomes.

To refer your Molina Healthcare patient to our program please call:
(425) 424-1134 or (800) 869-7175 Ext. 141134

MOLINA HEALTHCARE

Call: (425) 424-1134 or (800) 869-7185 Ext. 141134
FAX BACK TO (800) 767-7188 Attention: Maternity Program
Or email to:
MHW Maternity Support@molinahealthcare.com

PREGNANCY SUPPORT PROGRAM REFERRAL FORM

Person Completing Form: Name: Contact Phone Number:

Name: First: Middle: Last:

DOB:

Address: Street: Apt:

City: **State:**   **Zip Code:**

Telephone: (   )   Alternative Telephone: (   )   **Molina Healthcare ID:**

English as a First Language: ☐Yes   ☐No   Language(s) Spoken:

Interpreter Needed: ☐Yes   ☐No

Date of First Prenatal Visit: Month: Day: Year:

Gravida: **Para:**   **Aborta:**   **Live Birth:**

EDC: Month: Day: Year:

CHECK ALL RISK FACTORS BELOW THAT APPLY

1. ☐ Referral for Normal Pregnancy Program (trimester specific education and postpartum assessment)

2. ☐ Referral for Risk Factors
   a. Please mark appropriate qualifier:
      i. Diabetes, Gestational ☐ Type 1 ☐ Type 2 ☐
      ii. Hypertension, Chronic (140/90) ☐ Pregnancy Induced Hypertension ☐
      iii. Birth Defects ☐

3. ☐ Referral for 17P program
   a. Please mark appropriate qualifier:
      i. Current gestational age between 16-20wks ☐ 21-28wks ☐ >29wks ☐
      ii. Current pregnancy is single ☐ Twin pregnancy ☐ Triplets or more ☐
      iii. Previous PTD ☐ Gestational Age at Delivery _____
      iv. Additional PTD # _____ ☐ Gestational Age at Delivery _____

4. ☐ Referral for SW assessment and intervention
   a. Please mark appropriate qualifier:
      i. ☐ Domestic violence-history/current
      ii. ☐ Alcohol abuse - client/partner
      iii. ☐ Drug use-client/partner
      iv. ☐ Mental illness-history/current
      v. ☐ Lack of family/friends who provide support
      vi. ☐ Homeless
      vii. ☐ Other

5. ☐ Referral for perinatal case management
   a. Explain why this referral is requested:

One out of every eight births is preterm

Prematurity is the leading cause of perinatal morbidity and mortality in the United States.

The greatest health risk is for infants born at the earliest gestational ages. However, infants born nearer to term represent the greatest number of preterm infants and experience more complications than infants born at term.

What is Washington's preterm birth rate?

Washington State's preterm birth rate is 10.6%, among the lowest in the country, but that only earns our state a grade of C in the March of Dimes premature birth report card. The national goal for preterm birth is 7.6% of live births by 2010.

Who is most at risk for preterm birth?

Preterm birth is a complex problem with overlapping factors of influence including: individual behavioral and psychosocial factors, medical conditions, biological factors, and genetics.

Providers have no way of knowing which women will experience preterm labor or deliver their babies preterm. Identifiable factors that place a woman at higher risk for preterm labor or birth include:

- Previous preterm birth
- Shortened cervix
- Infections, such as bacterial vaginosis and trichomoniasis
- Elevated blood pressure
- Substance abuse

Many of these factors occur in combination, particularly in women who are socioeconomically disadvantaged or are members of racial and ethnic minority groups. Preterm birth is the leading cause of perinatal mortality among African Americans.

Can preterm birth be prevented?

Progesterone treatment, also known as 17 alpha-hydroxyprogesterone caproate or 17-P, when started early, has been shown to prevent or delay preterm labor and premature birth by 33% in women who are most at risk – those with a history of preterm birth (Meis, et al., 2003; da Fonseca, et al., 2003).

Will Molina Healthcare cover 17-P?

Molina Healthcare members who are currently 16-21 weeks pregnant with a single baby and a history of spontaneous singleton birth prior to 37 weeks gestation are eligible for 17-P. In certain situations, 17-P may be covered up to 28 weeks.

How do I learn more?

Our clinical staff is here to help you. To speak to a Molina Healthcare Case Manager or learn if your Molina Healthcare patient is eligible for 17-P call (425) 424-1134 or (800) 869-7175 Ext. 141134. Fax requests for prior authorization to: (800) 767-7188.

At Community Health Plan
of Washington,
our Children First™ program
rewards members for getting
the important care they need.

Children First™
A Good Health ♥ Rewards Program
from Community Health Plan

If you are pregnant and
a Community Health Plan
member who completes
the Children First program,
you can get a FREE car seat
for each pregnancy.

Children who complete
the Children First program
can get one or all of the
following FREE items:

- Booster Seat
- Children's Books
- Bike Helmet
- Baby Welcome Kit
- School Backpack

The rewards may be different than shown here. Other
requirements and restrictions may apply to the
Children First rewards program.

For more information about Children First,
please contact the Community Health Plan
customer service team at **1-800-440-1561.**
If you are hearing or speech
impaired, please call TTY
1-866-816-2479 (toll free).

**COMMUNITY
HEALTH PLAN**
of Washington™

En Community Health Plan of Washington, nuestro programa ChildrenFirst™ recompensa a los miembros por obtener la atención importante que necesitan.

Children First™ A Good Health ♥ Rewards Program

from Community Health Plan

Si usted está embarazada y es miembro de Community Health Plan que completa el programa Children First, pueden recibir un asiento infantil para automóvil GRATUITO por cada embarazo.

Los niños que completan el programa Children First, pueden recibirtodos los siguientes artículos GRATUITOS:

- Asiento de niño
- Libros para niños
- Casco para bicicleta
- Estuche de bienvenida para el bebé
- Mochila para la escuela

Las recompensas podrían ser diferentes de las que se muestran aquí. Se podrían aplicar otros requisitos y restricciones en el programa de recompensas de Children First.

Para mayor información acerca de Children First, por favor comuníquese con el equipo de servicio al cliente de Community Health Plan llamando al **1-800-440-1561.** Si tiene deficiencia auditiva o del habla, por favor llame al TTY 1-866-816-2479 (llamadas gratuitas).

What To Do When Your Child Gets Sick
Easy to Read • Easy to Use
Cuando Enferme

COMMUNITY HEALTH PLAN of Washington™

CHILDREN'S ALLIANCE
A Voice for Washington's Children, Youth & Families

Stand Strong For Kids

Apple Health for Kids in the 48th Legislative District

One out of every 3 children in King County gets health care thanks to Apple Health for Kids.

Washington
Apple Health
for **Kids**

- Successful, popular, and effective

- Covers 141,740 children in King County

- Preventive health care for children

- Lifeline for families affected by the recession

- Brought in $25 million in flexible federal funds in the past two years; will earn $80 million next biennium.
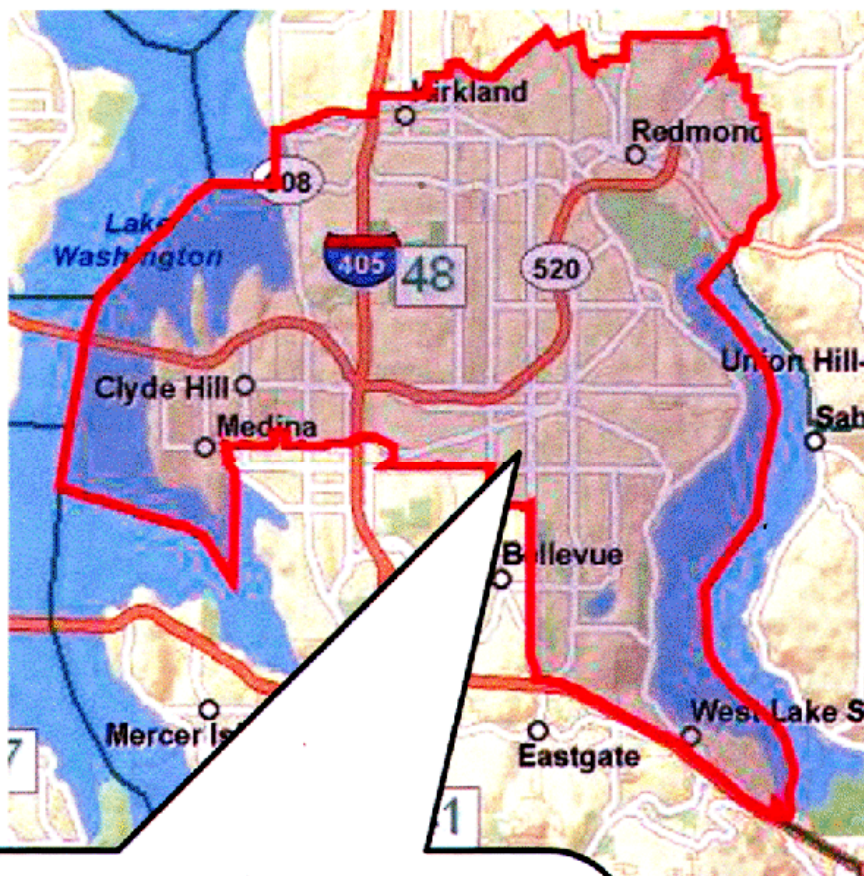
"I am so proud to live in Washington state, where children's health is a priority. I believe the main reason for our success is the attention paid to health care at the earliest ages, which sets kids up for success at every level of society."

-Dr. Karen Preston, 48th District

SPENDDOWN PRIORITIZATION CHART

Order	Expense Type	Expense Incurred Date	Expense is Paid/Unpaid	Active Client	Expense Processing Order	Hierarchy if expenses have same Incurred Date
1 Current Period/Medicare Premiums and Medicare/ Private health insurance cost sharing	CO, PR	Within current base period	any	any	Date Incurred Order	1) **Non-Applying client** 1.1 Paid Expense CO, PR 1.2 Unpaid Expense CO, PR 2) **Applying client** ---- same as #1
2 Retroactive Period/Paid Bills	CO, PR, MU, HO, MC, RX	Within three months prior to current base period. **NOTE:** This category does not apply for retro base periods.	Paid	any	Date Incurred Order	1) **Non-Applying client** CO, PR, MU, HO, MC, RX 2) **Applying client** ---- same as #1
3 Prior Unpaid Bills	CO, PR, MU, MC HO, RX	Prior to the current base period. Must also have been entered or updated in ACES within 24 months prior to the start of the current base period	Unpaid	any	Date Incurred Order	1) **Non-Applying client** CO, PR, MU, HO, MC, RX 2) **Applying client** ---- same as #1
4 Current period/Bills not covered by Medicaid	MU, HO, MC, RX	Within current base period	any	Non-applying client	Date Incurred Order	1) **Non-Applying client** 1.1 Paid Expense: MU,HO,MC,RX 1.2 Unpaid Expense : MU, HO, MC, RX
	MU	Within current base period	any	Applying Client	Date Incurred Order	2) **Applying client** 2.1 MU Paid Exp 2.2 MU Unpaid Exp
5 Current Period/Bills potentially covered by Medicaid*	HO, MC, RX	Within current base period	any	Applying Client	Date Incurred Order *Medicaid opens on date expense incurred	1) Paid Expense : HO, MC, RX 2) Unpaid Expense: HO, MC, RX

CO - Non-Medicare Related Co-pmts, Co-insurance and Deductibles
    (not premiums)
PR - Medicare Related Premiums, Co-pmts, Co-insurance
MU – Medical expenses not covered by medicaid

MC – Medical expenses which are potentially payable by medicaid
HO – Inpatient Hospital expenses
RX – Prescription expenses potentially payable by medicaid

What is a Medicaid Spenddown and how is it Figured?

When you apply for medical assistance, your income and resources are compared to limits set by the State.

Income is the amount of money you have coming in each month. Resources are money or other assets available to you. Examples of countable resources include: checking/savings account balances, Stocks, Bonds; IRA's, Burial Funds, etc.

Spenddown is the amount of medical expenses for which you are responsible. Spenddown is like an insurance deductible. You are liable for the expenses used to meet your approved spend down period and DSHS will not pay them. DSHS may be able to pay for the balance of the covered services or other expenses incurred within the approved spend down period.

The amount of your Spenddown depends on three things:

1. The number of people in your household;

2. The amount of countable income your household has;

3. The medical program for which you are eligible.

**** Please Note that when your Spenddown base period ends, you will need to submit a new Application for Benefits to set up a new base period.

Here is how your Spenddown was figured

$ _____ SSA/Pension or Retirement/unemployment Income (Unearned income)

- $ __20.00__ Unearned Income Disregard

= $ _____ Countable Income

- $ _674.00_ Program Income Limit

= _____ Amount your monthly income is over the State Limit

*If you are working and under age 65, the HWD program may be a better option for you. Ask your financial worker for more info.

If you are married, have dependent children or earnings, the computation is different. Please check your award letter for the correct amount.

Base Periods

The base period is the number of months your income is counted. You may get medical coverage for all or part of the base period.

Medically Needy (MN) coverage begins once you have shown you have incurred expenses that meet the spenddown liability. If you are using current doctor/hospital bills, eligibility begins on the date of service of the bill that met the spenddown.

Important: give DSHS all your medical bills or coverage may begin later than you need.

A Financial Worker multiplies the $_____ (amount over the State Limit from the box above) by your choice of a 3 or 6 month spend down base period.

Your 3-month spenddown will be:
$ _____

Your 6-month spenddown will be:
$ _____

* Call 1-877-501-2233 to choose a base period that best fits your needs

_____
Medicaid Purchasing Administration, Department of Social & Health Services Olympia, WA. 98504

A Financial Worker enters all Medical expenses you have incurred or paid. Expenses are entered in service date order to meet your spend down base period so be sure you have received all your bills before submitting them to DSHS.

Examples of expenses we allow:

✓ Medicare premiums, copayments or coinsurance charges.

✓ Unpaid medical expenses owed by you after all primary insurance payments and/or adjustments have been applied by your provider. Proof of unpaid bills must be current and must show the original dates of services.

✓ Prescription expenses - receipts must show the name & prescription number of the prescription purchased; the amount paid by you for this prescription; the pharmacy you purchased the prescription from; and the date the prescription was purchased.

✓ Receipts/statements from your providers to show current charges you have incurred.

✓ Co-payments/payments made by you towards your bills. Receipts must show the date these payments were made. A financial worker will determine if these are allowable expenses – if bills have been used to meet an earlier spenddown, they can only be used once, unless they are unpaid and there is a remaining balance that we did not use in full the last time.

✓ Mileage used for medical purposes; please keep a log of your round trip mileage for each medical purpose and turn in your log to be applied towards your spend down.

*DSHS can use medical expenses incurred or paid by all eligible household family members living with you for whom you are financially liable.

COLUMBIA UNITED PROVIDERS SERVICE AREA & ZIP CODE COVERAGE EFFECTIVE JANUARY 1, 2011

King County Zip Codes

Note: **Zip code coverage by CUP is highlighted in Yellow. CUP to received assignments in all categories in all the covered zip codes.**

King							
CITY	ZIP	CITY	ZIP	CITY	ZIP	CITY	ZIP
Auburn	98001	Kent	98042	Seattle (U)	98111	Seattle	98166
Auburn (U)	98002	Kent	98064	Seattle (U)	98112	Seattle	98168
Auburn	98071	Kirkland (U)	98033	Seattle (U)	98114	Seattle (U)	98170
Auburn	98092	Kirkland (U)	98034	Seattle (U)	98115	Seattle (U)	98171
Baring (50)	98224	Kirkland	98083	Seattle (U)	98116	Seattle (U)	98174
Bellevue	98004	Maple Valley	98038	Seattle (U)	98117	Seattle (U)	98177
Bellevue (U)	98005	Medina	98039	Seattle (U)	98118	Seattle (U)	98178
Bellevue	98006	Mercer Is. (U)	98040	Seattle (U)	98119	Seattle (U)	98181
Bellevue (U)	98007	North Bend	98045	Seattle (U)	98121	Seattle (U)	98184
Bellevue (U)	98008	Pacific (U)	98047	Seattle (U)	98122	Seattle (U)	98185
Bellevue	98009	Preston	98050	Seattle (U)	98124	Seattle	98188
Bellevue	98015	Ravensdale	98051	Seattle (U)	98125	Seattle (U)	98190
Black Diamond	98010	Redmond	98052	Seattle (U)	98126	Seattle (U)	98191
Bothell (U)	98011	Redmond	98053	Seattle (U)	98129	Seattle (U)	98195
Bothell	98041	Redmond	98073	Seattle (U)	98131	Seattle	98198
Burton	98013	Redmond	98074	Seattle (U)	98132	Seattle (U)	98199
Carnation	98014	Redondo	98054	Seattle (U)	98133	Skykomish (50)	98288
Duvall	98019	Renton	98055	Seattle (U)	98134	Snoqualmie	98065

Enumclaw (50)	98022	Renton (U)	98056	Seattle (U)	98136	Vashon	98070
Fall City	98024	Renton	98057	Seattle (U)	98138	Woodinville	98072
Federal Way (U)	98003	Renton	98058	Seattle (U)	98144	Snoqualmie Pass (50)	98068
Federal Way (U)	98023	Renton	98059	Seattle (U)	98145	Kent	98089
Federal Way	98063	Seahurst	98062	Seattle (U)	98146		
Federal Way	98093	Seattle (U)	98101	Seattle	98148		
Hobart	98025	Seattle (U)	98102	Seattle (U)	98151		
Issaquah	98027	Seattle (U)	98103	Seattle (U)	98154		
Issaquah	98029	Seattle (U)	98104	Seattle (U)	98155		
Kent	98030	Seattle (U)	98105	SeaTac (U)	98158		
Issaquah	98075	Seattle (U)	98106	Seattle (U)	98160		
Kenmore	98028	Seattle (U)	98107	Seattle (U)	98161		
Kent (U)	98031	Seattle (U)	98108	Seattle (U)	98164		
Kent	98032	Seattle (U)	98109				
Kent	98035						

Pierce County Zip Codes

Pierce					
CITY	ZIP	CITY	ZIP	CITY	ZIP
Anderson Is.	98303	South Prairie	98385	Tacoma (U)	98455
Ashford (50)	98304	Spanaway	98387	Tacoma (U)	98460
Buckley	98321	Steilacoom	98388	University Place (U)	98464
Camp Murray	98430	Sumner	98352	Tacoma (U)	98465
Carbonado	98323	Sumner	98390	Tacoma (U)	98466
Dupont	98327	Tacoma (U)	98401	Tacoma	98471
Eatonville	98328	Tacoma (U)	98402	Tacoma	98477
Elbe	98330	Tacoma (U)	98403	Tacoma	98481
Fox Island	98333	Tacoma (U)	98404	Tacoma	98493
Gig Harbor	98329	Tacoma (U)	98405	University Place	98467
Gig Harbor	98332	Tacoma (U)	98406	Vaughn	98394
Gig Harbor	98335	Tacoma (U)	98407	Wauna	98395
Graham	98338	Tacoma (U)	98408	Wilkeson	98396
Kapowsin	98344	Tacoma (U)	98409	Paradise Inn	98398
La Grande	98348	Tacoma (U)	98411	Bonney Lake	98391
Lake Bay	98349	Tacoma (U)	98412	Tacoma	98417
Lakewood	98439	Tacoma (U)	98413	Tacoma	98419
Lakewood	98492	Tacoma (U)	98415	Tacoma	98448
Lakewood	98497	Tacoma (U)	98416	Lakewood	98496

Lakewood	98498	Tacoma (U)	98418		
Lakewood	98499	Tacoma	98421		
Longbranch	98351	Tacoma	98422		
Longmire	98397	Tacoma	98424		
McChord AFB	98438	Tacoma	98431		
McKenna	98558	Tacoma	98433		
Milton	98354	Tacoma	98442		
Orting	98360	Tacoma	98443		
Puyallup	98371	Tacoma (U)	98444		
Puyallup	98372	Tacoma (U)	98445		
Puyallup (U)	98373	Tacoma	98446		
Puyallup	98374	Tacoma (U)	98447		
Puyallup	98375	Tacoma (U)	98450		
Roy	98580				

First Friday Forum

April 1, 2011

Mallory Lisk

Community Development Manager

Topics for Today

- History

- Core Values – We ARE different!

- Products & Services

- Service Delivery System

- Economic Impact

- Striving for Operational Excellence

- Innovating for Health Care Reform

COMMUNITY HEALTH PLAN
of Washington™

History

- Community Health Plan is the seventh largest insurer (commercial or non-profit) in Washington State*

- Formed in 1992, Community Health Plan is owned by 19 community and migrant health centers throughout the state of Washington (Community Health Network of Washington)

- We serve more than 270,000 members and more than 33% of the Medicaid managed care population

COMMUNITY HEALTH PLAN
of Washington™

Core Values – We ARE Different!

- Truly non-profit; we answer to our members, our community health centers and affiliates, **not stockholders**.

- Through Community Health Network of Washington:
  - Key stakeholder for every aspect of the "Transitional Bridge" Medicaid waiver
    - From development through implementation of the "Transitional Bridge" Medicaid 1115 demonstration waiver **which protected majority of Basic Health and Disability Lifeline**
  - Spearheaded "Friends of Basic Health"
  - Created "Save Healthcare In Washington"
    - educate our communities on the impact of budget cuts on people's lives
    - people took action

COMMUNITY HEALTH PLAN
of Washington™

Products

- Healthy Options
- Children's Health Insurance Program (CHIP)
- Basic Health
- Washington Health Program
- Medicare Advantage through Community HealthFirst™ Medicare Advantage Plans
  - Dedicated Special Needs Plan for dual eligibles
- Disability Lifeline

Services

- Behavioral Health Management
- Maternity Support Services
- Children First™ Rewards Program
- 24-hour nurse advise line
- In home health risk assessment for Medicare Advantage enrollees

COMMUNITY HEALTH PLAN
of Washington™

Service Delivery System

- 19 Community Health Centers operating 96 clinic sites

- 245 affiliate providers operating 467 sites

- 563 primary care clinics, 2,588 primary care physicians, 13,600 medical specialists, and more than 100 hospitals—throughout the state

In the past decade, the Community Health Plan network has increases its services to the uninsured by 67%, reaching an additional 88,756 individuals. This is in addition to increasing coverage of Medicaid patients by 107% and providing health care access for an additional 70,000 low-income patients with providers outside our community health center network.

COMMUNITY HEALTH PLAN
of Washington™

Economic Impact

Unlike traditional for-profit health plans, Community Health Plan measures success by the health care dollars it returns to its communities, not by dividends or shareholder profit.

COMMUNITY HEALTH PLAN
of Washington™

Striving for Operational Excellence
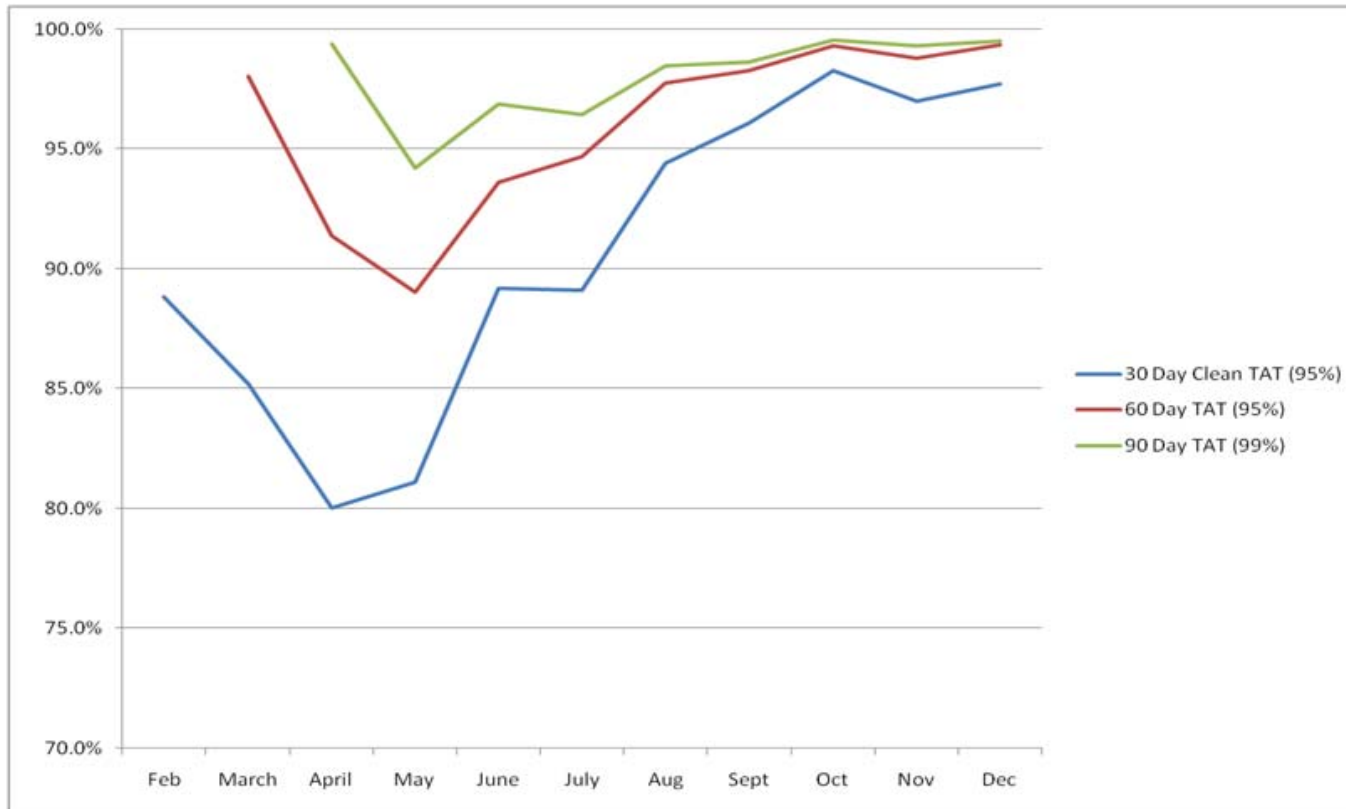
	% claims paid within 30 days	% claims paid within 60 days	% claims paid within 90 days
All Claims	98%	99.4%	99.5%

COMMUNITY HEALTH PLAN
of Washington™

Striving for Operational Excellence

- Currently seeking NCQA accreditation to drive quality improvements and increase enrollee health

- Focused on creating medical homes for enrollees to enhance healthcare outcomes

- TEAMonitor recognition for outstanding performance in patient safety, behavioral health, immunizations, well-child visits

- One of the highest generic prescription rates in nation

COMMUNITY HEALTH PLAN
of Washington™

Innovating for Health Care Reform

- The expected increase in complex Medicaid enrollees in 2014 (300K-500K) will need access to primary and preventive care best served in a medical home setting – not in hospital emergency rooms.

    - **Community Health Plan currently has 563 primary care clinics covering all 39 Washington counties**

- Community Health Plan is already piloting education and outreach programs that reduce unnecessary admits and ER visits for Medicaid and uninsured.

    - **One pilot program at Columbia Basin Health Association reduced unnecessary ER visits for children by 81%**

- Strategic alignment of resources provides synergy and maximizes patient health and wellness outcomes

    - **Two-county pilot project integrated mental health into medical care saved the state $3.5 million over three years. Program expanded statewide.**

COMMUNITY HEALTH PLAN
of Washington™